

CITY OF LOS ANGELES
VENDOR SETUP REQUEST FORM FOR AUTOMATED CLEARING HOUSE (ACH) PAYMENT

For City Dept. Use Only Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ Date _____
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INSTRUCTIONS:

This form is to request electronic payments in lieu of regular paper checks. Through the Automated Clearing House (ACH), the City of Los Angeles directly credits your bank account. ACH payments are secure, quicker to receive, and immediately available. Vendors who sign up for ACH payments will continue to receive a remittance advice by mail.

To request for ACH payment, please complete the form below, gather the required documentation, and submit to the Accounts Payable Section of the primary City Department that you do business with (e.g. Transportation, General Services, etc.).

CITY DEPARTMENT INFORMATION:

Name of City Department you do business with Office of the City Clerk
Department Contact Rita Moreno Department Contact Phone Number (213) 978-1122

VENDOR IDENTIFICATION:

Vendor Name VENICE BEACH PROPERTY OWNERS ASSOCIATION (VBPOA)
Alias/DBA Name VENICE BEACH BUSINESS IMPROVEMENT DISTRICT (VB BID)
Address 8 HORIZON AVE
City VENICE State CA Zip 90291
Contact Name TARA DEVINE, INTERIM CEO Contact Phone Number 310.430.5121

City of Los Angeles Vendor Number (if known) _____

TIN/EIN/SSN 81-2967166

City Business Tax Registration Certificate (BTRC) Number* 0002951315-0001-7

**BTRC number is obtained through Office of Finance for persons or entities that engage in business within the City of Los Angeles. For any questions about your BTRC number or if you need a BTRC, please call the Office of Finance at 213-473-5901.*

BANK ACCOUNT INFORMATION:

Bank Account No 1001730413 Type (Checking or Savings) Savings

ABA (Routing) No. 122243884

(Must have 9 digits)

Bank Name CALIFORNIA UNITED BANK

Bank Address 818 W 7TH ST, STE 220

City LOS ANGELES State CA Zip 90017

Bank Contact Name Laurie Kasper Bank Contact Phone Number 310-984-3344

REQUIRED DOCUMENTATION:

To enroll for ACH payments, please complete this form and include the following required documentation:

- Deposits to a checking account must include a blank check with the word "VOID" written across it; or
- A bank letter with an authorized signature from their banking representative
- Deposits to a savings account must include a pre-printed deposit slip for the account

ACH-VENDOR AGREEMENT:

The City of Los Angeles is hereby authorized to initiate automatic deposits to my account at the financial institution named herein. I also authorize City of Los Angeles to make debit entries against this account in the event that a credit entry is made in error, and further agree to remove any ACH debit blocks or filters to allow the reversal if necessary.

The City of Los Angeles will not be held responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I confirm that I have contacted my financial institution and that the information supplied herein is the correct information to receive ACH credits to my account.

This agreement will remain in effect until City of Los Angeles receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form in such time as to afford the City of Los Angeles a reasonable opportunity to act upon it.

CERTIFICATION:

AUTHORIZED SIGNATURE _____ DATE SIGNED 9/20/2017
Note: Must be authorized Principal signature

I hereby certify that I am authorized to sign this agreement on behalf of VBPOA / VB BID
(Vendor Name)

PRINT NAME TARA DEVINE Phone Number 310-430-5121
